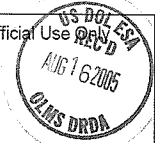


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use



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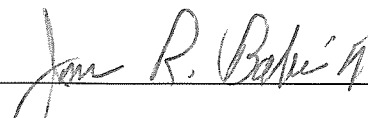
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8438</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>Jess</b> <b>R</b> <b>Babich</b> P.O. Box, Bldg., Room No., if any Street <b>10473 Otter Creek Drive</b> City <b>Jacksonville,</b> State <b>Florida</b> ZIP Code + 4 <b>32222</b>	4. Name, file number, and address of labor organization. Name <b>ILA Clerks and Checkers Local 1593</b> Labor Organization File Number <b>017-655</b> P.O. Box, Building and Room Number, if any <b>PO Box 26363</b> Street <b>100 Zoo Parkway Blvd</b> City <b>Jacksonville,</b> State <b>Florida</b> ZIP Code + 4 <b>32226</b>
5. Position in labor organization. <b>President, Trustee</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <b>JMA/ILA Welfare and Pension Administration</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any <b>PO Box 3275</b> Street <b>920 A. Phillip Randolph Blvd.</b> City <b>Jacksonville,</b> State <b>Florida</b> ZIP Code + 4 <b>32206</b>	7.a. Nature of Interest, Transaction, or Income. <b>Wages 3416.</b> <b>Reimbursements 2948.</b>  7.b. Amount. <b>\$6,364</b>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <b>8/11/2005</b> Date	<b>904-759-5934</b> Telephone Number

Name of Person Filing Jess Babich

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

12.b. Amount.

\$0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

\$0

*Jacksonville Maritime Association  
International Longshoremen's Association  
Welfare and Pension Administration  
Port of Jacksonville*

920 A. Phillip Randolph Blvd., Jacksonville, Florida 32206

Phone 904-354-7258

MAILING ADDRESS  
PO BOX 3275

CGIU C 644

July 13, 2005

Mr. Jess Babich, JMA/ILA  
Welfare & Pension Trustee  
3056 Ogilvie Road  
Jacksonville, FL 32218

**RE: Filing LM – 30 Form**

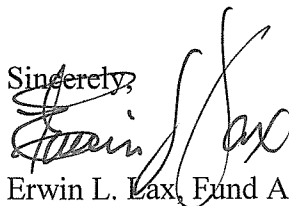
We recently received notification from Clyde Fitzgerald, President, South Atlantic & Gulf Coast District, ILA notifying that the Department of Labor has issued a ruling requiring payments made to union trustees for attendance at trustee conferences, meeting, etc. must be reported. Union trustees must file an LM-30 form to report these payments. A copy of this correspondence is enclosed for your review.

Our records indicate that you have received the following payments/  
reimbursements for the period January 1, 2004 through December 31, 2004:

<b>Date</b>	<b>Description</b>	<b>\$ Payment</b>
February 2004	Trustees Institute Orlando	1,120.00
March 30, 2004	Trustee Meeting	224.00
July 14, 2004	Trustee Meeting	224.00
September 14, 2004	Trustee Meeting	224.00
November, 2004	New Orleans Trustee Conference	1,344.00
December 8, 2004	Trustee Meeting	224.00
December 8, 2004	Rate Increase	56.00
<b>Total Payments</b>		<b>\$3,416.00</b>

We have also been informed by Mr. Fitzgerald that the filing requirement has been extended to August 15<sup>th</sup>. You will find enclosed an LM-10 form for your use in reporting these payments. If you need additional information please let me know.

Sincerely,



Erwin L. Lax, Fund Administrator

**JMA/ILA Welfare & Pension**  
Schedule of Reimbursements  
July 14, 2005

In addition to payments received, the following reimbursements were made to you for the period January 1, 2004 thru December 31, 2004.

**Jess Babich**

Trustee/Administrator's Institute, Orlando, FL	\$ 930.51
Trustee/Administrator Institute, New Orleans, LA	<u>\$2,017.33</u>
	\$2,947.84